Full Name of Party Filing Document	<del>_</del>
Mailing Address (Street or Post Office Box)	_
City, State and Zip Code	<u> </u>
Telephone	<u> </u>
	R THE JUDICIAL DISTRICT FOR THE COUNTY OF
	Case No.
Plaintiff, vs.	AFFIDAVIT OF MAILING PURSUANT TO ORDER FOR PUBLICATION OF SUMMONS
Defendant.	
	to, the
	Plaintiff
STATE OF IDAHO )	T Idintili
) ss. County of)	
Public in and for the State, personally apper identified to me to be the person whose na acknowledged to me that s/he executed the	, 20, before me, the undersigned, a Notary eared, known or time is subscribed to the foregoing instrument and e same.  unto set my hand and seal on the date last above
	Notary Public for Idaho Residing at Commission expires